U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	Date Temperature	
Signed	On Date Telephone Number	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signature		
State ZIP Code + 4		
City		
Street		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Trade Name, if any:		
Name		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
5. Position in labor organization. Executive Board	Meinber	
State OR ZIP Code + 4 97022	State C L ZIP Code + 4 97230 - 595	
City Eagle Creek	City Portland	
Street 29061 SE Hwy 224	Street 2379 NE 178th Auc Suite 16	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
	Labor Organization File Number 635-340	
Name Charles H Johnson	Name Sheet Metal Workers #16	
3. Name and address of person filing.	4 Name, file number, and address of labor organization.	
	1/1/2005 Through: 12/31/2005	
1. File Number U - 6785	2. Fiscal Year Covered From:	

Name of Person Filing Charles Johnson	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	G. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sheet Metal Training Fund Trade Name, if any: Trust	11.a. Nature of such dealing. Income for Training Instructor		
P.O. Box, Bldg., Room No., if any	70.345		
Street 2379 NE 178Th AVE	11.b. Approximate dollar value of such dealing.		
city Portland	12 a Nature of interest held or income received.		
State OR ZIP Code + 4 97230	Income Reported on W-Z		
	12.b. Amount. 70 345		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of mone	lei parts A and B above)		
	y or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	y or other thing of value. 14.a. Nature of payment.		
13.a. Name and address of Employer or Labor Relations Consultant	y or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	y or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	y or other thing of value.		

14.b. Amount of payment

?

or Consultant

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIF Code ÷ 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute For Sheet Metal Trade Name, if any: P.O. Box, Bldg., Room No., if any Street GOI N. Fairfax Street Suite 240 City Alexandria State Virginia ZIP Coce + 4 22314	11.a. Nature of such dealing. Training and consulting for Continual Professional Instruction 11.b. Approximate dollar value of such dealing. 3475.02 12.a. Nature of interest held or income received. Reimb. Expenses 1395.02 Perdiem + Consulting wages 2080	
C. Received from any employer (other than an employer covered undour from any labor relations consultant to an employer any payment of money		

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a Nature of payment
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b Amount of payment.

Name of Person Filing	Charles	Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer	
Street	C. Employer	
City .		
State ZIP Code + 4		'
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute For Sheet Metal Trade Name, if any:	11.a. Nature of such dealing. Consulting for Advanced Ins Training 14.4	:tructor
P.O. Box, Bidg., Room No., if any Street 601 No Fairfax Street Suite 240		***
	1 1.b. Applaximate delite value of seen dealing.	3623
State Virginia ZIP Code + 4 ZZ 314	12.a. Nature of interest held or income received.	81,3.28
, , , , , , , , , , , , , , , , , , , ,	12.a. Nature of interest held or income received. Reimb. Expenses Per Diam + Consulting	2760
	12.b. Amount. 3	623
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

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Name of Person Filing Charles Johnson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any: P.O. Box, Bldg Room No., if any	a. Labor Organization b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute For Shect Metal Trade Name is any.	Consulting for Advanced Instructor Training 2+3

Street GOI N. Fairfax Street Suite 240

11.b. Approximate dollar value of such dealing.

City Alexandria

State Virginia

ZIP Code + 2 ZZ 314

Reimb Expenses

Per Diem + Consulting

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		•
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. is the Business an Employer	or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a Labor Organization
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City .	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name International Training Institute For Sheet Metal Trade Name, if any:	11.a. Nature of such dealing. Certification Test for TABB
P.O. Box, Bidg., Room No., if any Street 601 No Fairfax Street Suite 240	
	11.b. Approximate donar value of such dealing.
State Virginia ZIP Code + 4 ZZ314	12.a. Nature of interest held or income received. Reimb. Expenses \$109.97 Per Diem \$90
	Per Diem \$90
	12.b. Amount. 199. 5.7
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer